

CHICOPEE CONTRIBUTORY RETIREMENT SYSTEM

274 Front Street, Chicopee, MA 01013
Tel: (413) 594-1542 Fax: (413) 594-1544

RETIREE'S FEDERAL TAX WITHHOLDING

W-4P TAX FORM

MEMBER INFORMATION

Name: _____ Social Security Number: _____

Address: _____

PLEASE CHECK EITHER BOX 1, 2 OR 3 AND COMPLETE THE CORRESPONDING INFORMATION:

1. <input type="checkbox"/>	<p>I do NOT wish to have federal tax withheld from my monthly pension check.</p> <p>I realize that I am liable for payment of federal income tax on the taxable portion of my pension and that I may be subject to pay penalties under the estimated tax payment rules if my payments of estimated tax and withholding are not adequate.</p>
2. <input type="checkbox"/>	<p>The following exemptions are being claimed and I wish to have the Chicopee Contributory Retirement System determine the amount, if any, of federal income tax to be withheld in accordance with the tax tables and exemptions claimed below:</p> <p>Status:</p> <p><input type="radio"/> Single</p> <p><input type="radio"/> Married</p> <p><input type="radio"/> Married, but withhold at a higher single tax rate</p> <p>Total exemptions you wish to claim: _____</p>
3. <input type="checkbox"/>	<p>I wish to have a flat rate of \$_____ withheld per month.</p>

Signature: _____ Date: _____

Please note – you may change your federal tax withholding at any time.

If you have any questions, please contact our office at (413) 594-1542.